fact that sculptor's clay used in the same way renders the best possible service as a milk inhibiting means in irritable and nervous or weak women who are unable to suckle their babies. Pain, tenderness and swelling of breasts disappear, under a clay cake in about 24 hours.—*Vratch*, No. 21, 1888.

V. IDELSON (Berne.)

I. **Contribution to the Literature of Resection of the Pylorus; Statistics of the Frequency of Metastases in Carcinoma of the Pylorus.** By DR. BENEDICT STREIT (Berne). Three cases of carcinoma of the plyorus with resections by Prof. Kocher of Berne, are reported. In these operations it is first remarked that narcosis was initiated with chloroform and continued after insensibility, with ether, paralysis of the heart being eliminated by this method as much as possible. Chilling of the peritoneum was avoided in protracted operations by warm compresses. The cases operated upon were carcinoma ventriculi. All recovered from the operation. Case 1, female, æt. 42, died after two years with stenosis of the pylorus. Case 2, female, æt. 63, is still living two years after operation without return of the disease. Case 3, male, æt. 34, died 6 months after operation with a return of the disease and stenosis of the pylorus. One of the cases contained a number of small nodular growths in the vicinity of the primary growth with nodules in the mesentery. Here as in tumors of the mammary gland the prognosis is not as favorable as in cases where only one tumor exists. Vomiting after resection of the pylorus is not common, but yet a symptom fatal to the integrity of the sutures placed in the resected parts. The frequency of stenosis of the pylorus in all cases of resection is now admitted but the factors causing it are still obscure. The method of operating (Kocher's) can hardly be laid down as a chief factor in the formation of cicatricial tissue. But the author thinks that extensive peritonitic adhesions being present before operation we may reasonable expect the above complication (stenosis) after resection. The author enters into the peculiarities of Kocher's resection as differing from Billroth's. Kocher uses the continuous suture in uniting the duodenum and stomach. Catgut takes the place of silk. The author mentions a number of cases in the

Berne clinic of *infection from catgut*. This was probably due to the mode of manufacture or the use of material from diseased animals; particulars will be published later. The results of operation, now encouraging can be much improved by the earlier diagnosis of the disease and therefore early operation.

The author has collated 54 cases of carcinoma ventriculi (1870-86) upon which post mortems were obtained with the following result. He has classified those post mortems as eventually operable cases in which there were no metastases, no adhesions with pancreas, colon, or liver or in which the stomach was not greatly involved. Operable 25.9%, inoperable 79.1%.

He advocates an early explorative laparotomy in doubtful cases to determine the exact conditions of the growths.—*Zeitsch. f. Chir.*, bd. xxvii, heft. 5 u. 6.

HENRY KOPLIK (New York).

III. Suture of Ruptured Bladder. By H. P. SYMONDS (Oxford). At the meeting of the Clinical Society, May 11, Mr. Symonds described the operation of suturing a ruptured bladder in a girl aged seven. A difficulty in diagnosis arose from the presence in the hypogastric region of a prominence resembling a moderately distended bladder, which however was not reduced by passing a catheter. This prominence was considered to be due to urine lying in the pelvic portion of the peritoneal cavity from which the intestines were floated up. The rent was situated just below the apex, and involved chiefly but not entirely the extra-peritoneal portion of the bladder. Twenty Lembert's sutures were inserted, and the peritoneal cavity washed out with a weak carbolic and sublimate solution, the wound closed and a catheter tied into the bladder. The child did not recover from its collapse and the post-mortem (on the eighth day) revealed pus on the side of the bladder and extending into the ilio-lumbar region, the extra-peritoneal portion of the sutures having given way. Mr. Symonds considers that it would have been wiser to have left the extra-peritoneal portion of the bladder unsutured and to have inserted a drainage tube, and other members agreed with the latter but not with the former of these opinions.—*Lancet*, May 19, 1888.

A. F. STREET (Westgate).